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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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35 USC 119 (a-d) conditions ☒ yes ☐ no ☐ Met after  
 met Allowance *Senora* 7  
 Verified and Acknowledged Examiner's Signature Initials

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TITLE  
 HEARING AID ADJUSTMENT DEVICE

FILING FEE  RECEIVED 1452	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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